



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

September 25, 2007

Tommie Dean, Administrator  
Warren House  
1301 Bennett St  
Burley, ID 83318

License #: RC-579

Dear Ms. Dean:

On August 23, 2007, a complaint investigation survey was conducted at Warren House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.

This office is accepting your submitted plan of correction.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 12, 2007

CERTIFIED MAIL #: 7003 0500 0003 1967 0667

Blake Crockett, Administrator  
Warren House  
1301 Bennett St  
Burley, ID 83318

Dear Mr. Crockett:

Based on the complaint investigation survey conducted by our staff at Warren House on **August 23, 2007**, we have determined that the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days.

This core issue deficiency substantially limits the capacity of Warren House to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **October 8, 2007**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **September 25, 2007**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**September 25, 2007**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **September 25, 2007**, your request will not be granted.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Warren House.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure

c: Sue Harvey, Program Manager, Regional Medicaid Services, Region V - DHW

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/23/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARREN HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1301 BENNETT ST</b> <b>BURLEY, ID 83318</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	Initial Comments  The following deficiency was cited during the complaint investigation survey conducted at your residential care/assisted living facility. The surveyors conducting your survey were:  Debbie Sholley, LSW Team Coordinator Health Facility Surveyor  Maureen McCann, RN Health Facility Surveyor  Polly Watt-Geier, MSW Health Facility Surveyor	R 000			
R 004	16.03.22.215.03 Licensed Administrator Requirement - 30 Days  The facility may not operate for more than thirty (30) days without a licensed administrator.  This Rule is not met as evidenced by: Based on interview and observation it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days.  On 8/23/2007 at 11:22 a.m., the resident coordinator stated the administrator left in May, 2007. She stated he was available by phone when she had questions.  On 8/23/07 at 11:29 a.m., the facility's support staff and licensed nurse were observed trying to locate the administrator's phone number. They stated the resident coordinator was the only one who had the administrator's phone number.	R 004			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/23/2007</b>
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R 004	<p>Continued From page 1</p> <p>On 8/23/07 at 11:32 a.m., the resident coordinator confirmed neither the administrator or the corporate office had officially appointed her the designee for the facility in the absence of the administrator.</p> <p>On 8/23/07 at 11:38 a.m., during a phone interview the former administrator stated he made an agreement with the corporate office to leave his administrator license on the wall until the resident coordinator got her administrator's license. "I hoped she would have her license by now." The former administrator further stated he checked in one time a week but he was not active in the administrator role. Additionally, he stated that if the facility ran into any problems they could not handle they would call him. He said his administrator license would expire on 8/31/07 and he had not really planned on renewing it.</p> <p>On 8/23/07 at 11:45 a.m., the resident coordinator stated she was the one that interviewed potential new employees. Additionally, she stated the licensed nurse made recommendations to her regarding resident care instead of to the administrator.</p> <p>On 8/23/2007 at 12:30 p.m., the former administrator and the resident coordinator confirmed the former administrator's license was on the wall; however, he was not involved in the day-to-day operations of the facility.</p> <p>The facility had operated without a licensed administrator responsible for the day-to-day operations for more than 30 days.</p>	R 004			